

DATE OF BIRTH RECORD UPDATE REQUEST

A. Applicant Identification Information. Please print all.

Last Name		First Name		Middle Name/Initial	
Street Address					
City		State		Zip	
Social Security Number		Date Of Birth	Month	Day	Year

The applicant is required to present this form to a notary public. Once the following statement is notarized, the form should be forwarded to the New Jersey State Department of Education, Office of Licensure and Credentials, P.O. Box 500, Trenton, New Jersey, 08625-0500, Attention: Date of Birth Record Update Request.

B. Status

Responses to the following two questions are mandatory. Failure to complete these items will result in rejection of the candidate's application for certification.

	Circle which applies below
Have you ever had a certificate revoked or suspended in this or any state or any jurisdiction outside of the United States?	Yes No
Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States?	Yes No

Applicant's Signature	Date (mm/dd/yyyy)
-----------------------	-------------------

PLEASE COMPLETE SECTIONS ON NEXT PAGE

D. Verification of Accuracy

I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink)

Date

Sworn and subscribed to before me this _____ day of

_____, 20_____

Notary Seal

Notary Signature



Once completed, mail the form to:

New Jersey State Department of Education
Office of Licensure and Credentials
P.O. Box 500
Trenton, New Jersey 08625-0500

Attention: Date of Birth Record Update Request